



Congratulations and Welcome to District 207!!

All new employees are required to complete and submit the attached forms.

Forms Checklist for New Support Staff	
	Online Application http://www.generalasp.com/D207/onlineapp/default.aspx
	Current Resume
	Letters of Recommendation / References
	Two (2) Forms of Identification for I-9 Form (see attached)
	Copy of Social Security Card (you will not be paid without this) Exhibit 4:15 2 Identity Protection
	Federal W-4 Tax Form
	State W-4 Tax Form
	Direct Deposit Form (with voided check attached)
	20/24 Payroll Election Form – Full time employees only
	Sick Bank Enrollment Form – Full time employees only
	IMRF Member Information Form & Beneficiary Designation Form
	New Employee Information Sheet
	Receipt of District Policies Form & Anti-Nepotism Awareness Form <ul style="list-style-type: none"> • Prohibition of Employee Use of Drugs & Alcohol • Prohibition of Sexual Harassment • Child Abuse/Neglect Reporting • Acceptable Use of Technology • Anti-Nepotism Policy DCFS Acknowledgement of Mandated Reporter Status
	Receipt of Employee Handbook
	Medical Treatment Form - Full time employees only <ul style="list-style-type: none"> • Pre-Employment Physical Exam from Physicians Immediate Care
	Criminal Background Check <ul style="list-style-type: none"> • Schedule appointment with Janice Cacciatore (847)692-8036 or jcacciatore@maine207.org

Contacts:

HR/Support Staff Personnel – Nancy Vehrs – nvehrs@maine207.org 847-692-8026

HR/Teacher Personnel – Ginny Edwards – vedwards@maine207.org 847-692-8005

HR/Teacher Personnel – Deb Michalik – dmichalik@maine207.org 847-692-8008

HR/Benefits Coordinator – Mary Phillips – mphillips@maine207.org 847-692-8035

Our Mission is to Improve Learning

Maine Township High School District 207

1177 South Dee Road

Park Ridge, IL 60068

Phone: 847-696-3600 Fax 847-692-8007 Web: www.maine207.org

Employment Application

Maine Township High School District 207
1177 South Dee Road
Park Ridge, IL 60068
Phone: 847-696-3600
Fax: 847-696-3254
www.maine207.org



Date:

Name:

Address:

State:

Zip/Postal Code:

Home Phone:

Cell Phone:

Email Address:

Positions Applied for:

Date you can start:

(Hiring and Official Start Dates are Determined
by the Board of Education)

All applicants for employment shall be provided with equal employment opportunity. As a matter of policy, the sex, color, sexual orientation, disabling condition, race, marital status, nationality, age, residence, religion, or religious affiliation of any applicant shall not be considered either a qualification or disqualification.

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
Elementary School			XXXXXXXXXXXX
High School			XXXXXXXXXXXX
College, Business, or Trade School			
Professional or Graduate School			
Other			

Have you ever been convicted of a crime: ☐ NoAre you over the age of 18: ☐ Yes ☐ NoIf yes, please explain ☐ YesAre you legally eligible for employment in the US: ☐ Yes ☐ NoDo you have a drivers license? ☐ yes ☐ no

State of Issue:

Have you had any accidents in the past 3 years?

☐ yes ☐ no

How many?

Do you had any moving violations in the past 3 years?

☐ yes ☐ no

How many?

Previous Employment (list up to 3)

Name of Employer:

Name of last supervisor:

Dates of employment:

Salary:

From:

To:

From:

To:

Complete Address:

Phone #:

May we contact your employer: ☐ yes ☐ no

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ☐ yes ☐ no

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ☐ yes ☐ no

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

I waive any right which I may have to receive written notice from any former employer listed on this application regarding the release to Maine Township High School District 207 of any information concerning any disciplinary report, letter of reprimand, or other disciplinary action taken against me by the former employers listed above.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation or omission of facts as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and shall be cause for dismissal. I also agree to have the medical examination required for employment.

Date:

Signature of Applicant:



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)		
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____		
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	<div>QR Code - Section 1 Do Not Write In This Space</div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Operational Services

Exhibit - Statement of Purpose for Collecting Social Security Numbers

This Statement of Purpose is being given to you because you have been asked by the School District to provide your social security number (SSN) or because you requested a copy of this Statement.

You are being asked for your SSN for one or more of the following reasons:

- ☐ Employment matters, e.g., income reporting to IRS and the IL Department of Revenue, tax withholding, FICA, or Medicare.
- ☐ Verifying enrollment in various benefit programs, e.g., medical benefits, health insurance claims, or veterans' programs.
- ☐ Filing insurance claims.
- ☐ Internal verification or administrative purposes.
- ☐ Other: _____

In addition, State law authorizes and/or requires the District to use or disclose your SSN in specified circumstances including, without limitation, in the following circumstances:

1. Disclosing SSNs to another governmental entity if the disclosure is necessary for the entity to perform its duties and responsibilities;
2. Disclosing SSNs pursuant to a court order, warrant, or subpoena; and
3. Collecting or using SSNs to investigate or prevent fraud, to conduct background checks, to collect a debt, or to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act.

If you have questions or concerns, please contact the Assistant Superintendent for General Administration.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div> }	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here	H	_____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately </div> </div> }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction

Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Form IL-W-4

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form

is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.
- ☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 _____
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 _____
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older.
- ☐ I am legally blind.
- ☐ My spouse is 65 or older.
- ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 _____
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 _____
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

☐

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature

Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



Direct Deposit Authorization

Employee Name: _____

SS# (Last Four Digits): _____

Location: _____

Instructions:

1. All Direct Deposit Accounts must be opened before completing this form
2. CHECKING ACCOUNTS - A voided check must be attached in order to setup direct deposit.
3. SAVINGS ACCOUNTS - A Direct Deposit Authorization Form with Account Number and Bank Routing Number must be attached

I hereby authorize **Maine Township High School District 207 (the "District")** to direct deposit my future paychecks into the account indicated below. In the event any amounts are credited to my account in error, under this arrangement, I hereby authorize my Bank to make the appropriate adjustments in cooperation with my employer. This authorization will remain in full force and effect until the District has received written notification from me of its termination in such time and in such manner as to afford the District and depository a reasonable opportunity to act on it.

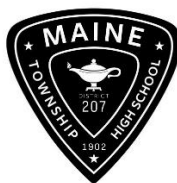
Signature

Date

ATTACH CHECK HERE

Direct Deposit requests will not be processed without a voided check and/or a Direct Deposit Authorization Form

DEPOSIT SLIPS CANNOT BE ACCEPTED



PAYROLL SCHEDULE ELECTION FORM

Please complete this form to elect or change your 20/24 pay period designation. Once completed, this form should be sent directly to the **Payroll Department**.

PLEASE NOTE:

- Once you have chosen a 20 pay or 24 pay schedule, ***you will not be able to change that designation during the school year.***
- Request for early payouts of July and August paychecks will not be accepted.
- Any 24 pay employee who will not be returning for the next school year will receive his/her July and August checks in June, in accordance with Illinois State Law.

PLEASE SELECT ONE OF THE FOLLOWING:

_____ I request that my salary be paid over **20 payments.**

_____ I request that my salary be paid over **24 payments.**

I hereby certify that I have read and understand that my 20/24 pay period designation will remain in force unless I submit a new form requesting a change. **I understand the deadline to change 20/24 pay designation is August 16, effective August 31st of the school year. Once the school year begins this cannot be changed until the following school year.**

NAME: (Please Print)

School:

SS# (Last four digits only)

Signature:

Date:

FORWARD COMPLETED FORM TO THE PAYROLL DEPARTMENT

Sick Leave Bank

Purpose

The purpose of Sick Leave Bank is to provide extended sick leave to members who incur a period of prolonged personal illness or hospitalization and whose personal sick leave is exhausted.

Enrollment in the Sick Leave Bank

Any full-time employee shall be eligible to participate in the Sick Leave Bank. A new employee may enroll within thirty (30) days of the effective date of employment. Current employees who are not members of the Sick Leave Bank may enroll during open enrollment which begins at the start of each school year and ends September 1st.

Employees who elect to participate in the Sick Leave Bank shall contribute one (1) day of leave from their accrued sick leave. Membership in the Sick Leave Bank is considered continuous unless written notice of withdrawal of membership is received during the open enrollment period. Donations of sick leave to the Bank are not refundable or transferable.

Guidelines

- An Employee on leave is not eligible to be granted days from the Bank during the leave year nor will that employee be asked to contribute to the Bank during the leave year.
- A prolonged illness is one which is confirmed in writing by the attending physician. It is expected that such documentation should be in sufficient detail and would also provide a prognosis estimating the expected recovery period. This written documentation must be filed with Mr. Greg Dietz, Assistant Superintendent, at the time of application for days from the Bank.
- For the Bank to cover absence because of prolonged illness or hospitalization, all accumulated sick leave must first be exhausted. Certified staff members must then have five (5) days of salary deduction, support staff members will have a two (2) day salary deduction of. The next consecutive day of absence is the first day covered by the provisions of the Bank. An eligible teacher may withdraw from the bank a specific number of days equal to the number of personally-accumulated sick days recorded on the teacher's account as of the first day of the school year up to a maximum of 90 days per year. Support staff members may withdraw up to 30 days from the Sick Leave Bank.
- Application for days from the Bank shall be made by using the appropriate Sick Leave Bank Application Form which is available from the Benefits Coordinator at 847.692.8035. The completed form shall be submitted to Mary Phillips, the Benefits Coordinator, approximately a week before the last day of accumulated sick leave is to be used.
- Upon receipt of the necessary documentation from the attending physician and the application form, the administrative designee will notify the chairman of the Advisory Board that an application has been made. Immediately thereafter, the Advisory Board and the administrative designee will convene to review the application and prepare a recommendation to the Superintendent. Upon approval by the Superintendent, the employee will receive days from the Bank. The days will be retroactively applied to the first day covered by the provisions of the Bank to a maximum of ninety (90) days for Certified Staff thirty (30) days for Support Staff or until the employee is released to work by the attending physician, whichever occurs first.
- During the period of prolonged illness or hospitalization, the administration may require written statements by the attending physician.



Sick Leave Bank Enrollment Form

Name (Last, First, Middle Initial)		School	
<input type="checkbox"/> Certified	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Support Staff	

Enrollment Election

☐

At this time, I wish to enroll in the Sick Leave Bank in accord with the provisions of the May 6, 2014 – August 1, 2020 Agreement or Support Staff Handbook and the administrative Guidelines and herewith contribute one day of my sick leave accumulation.

☐

Currently I am a member of the Sick Leave Bank and at this time **I wish to withdraw** from the bank effective with the beginning of the 2019 - 2020 school year.

☐

I have been given the opportunity to enroll in the Sick Leave Bank and at this time I do not wish to enroll. I also understand that the next opportunity to enroll will be during open enrollment.

I hereby certify that I have read the Sick Leave Bank provisions as they appear in the May 6, 2014 – August 1, 2020 Agreement or Support Handbook and the attached Administrative Guidelines for the Sick Leave Bank and agree to bound by those terms. I also hereby hold harmless the administration and the Maine Teachers' Association should a good faith mistake or error be made in the management of this program.

Name (Printed): _____

Signature _____

Date: _____



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 07/06)

PLEASE PRINT OR TYPE ALL ANSWERS

How to complete this form

Employment Information

The Authorized Agent completes questions 9 through 16. *Refer to Section 3 of the Manual for Authorized Agents for information on eligibility requirements for participation in IMRF.*

- **Question 1 – Member name**

The name entered in Box 1 should be the name used to report the member's earnings to IMRF. Using the same name will better ensure that the member receives proper credit for contributions made and service earned.

- **Questions 2 - 10**

Enter the requested information.

- **Question 11**

Enter the requested information for each position the member will hold. If the date employed is different than the participation date (the date the member began working in the position(s) qualified under the annual hourly standard), please explain in the space provided. The Illinois Pension Code does not recognize reasons such as probationary, temporary or trial work period. Enter a detailed explanation why the member was not enrolled immediately. Refer to Section 3 of the Manual for Authorized Agents for more information regarding participation requirements. Full Time/Part Time applies only to SLEP. Circle the appropriate response.

- **Question 12**

Check "yes" if the member is in a position that requires at least six months of consecutive service but less than 12 in any 12-month period.

OR

Check "yes" if the member's earnings will be reported to IMRF other than on a monthly basis, e.g. annually, quarterly, etc.

If answered "yes" to either question and seasonal employer is not a school district, park district, or recreation association, or if the employee will be paid irregularly (applies only to elected officials) check the months the employee will not be paid.

- **Question 13 A**

If the member is a police chief eligible for transfer into the Sheriff's Law Enforcement Personnel plan (SLEP), please complete and attach IMRF Form 6.22, "Election of Police Chief to Participate as SLEP Member." (*Refer to Section 3 of the SLEP supplement to the Manual for Authorized Agents for information on SLEP eligibility requirements.*)

- **Question 13 B**

Check "yes" if the member has been sworn in to perform police duties. (*Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.*)

- **Question 13 C**

Check "yes" if the member will perform fire protection duties. (*Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.*)

- **Question 13 D**

Check "yes" if the member will provide instructional support in the classroom, tutor, supervise students, or perform clerical tasks required by teachers.

- **Question 13 E and 14**

If the member is an elected official, appointed to elected office, or is a city hospital worker, please complete and attach IMRF Form 6.21, "Election to Participate."

- **Question 15 - COUNTY EMPLOYERS ONLY**

If the employer is a county and the member is/was elected or appointed to elected office, complete question 15. If "yes" is checked and the member elected to participate in the Elected County Official plan, complete and attach IMRF Form 6.21B, "Election of Elected County Official to Participate in ECO."

- **Question 16 - SLEP EMPLOYERS ONLY**

If the member is a SLEP member, complete question 16. Indicate if member was appointed by either the Sheriff or Merit Commission.

AUTHORIZED AGENT PLEASE NOTE:

Social Security card/number

Tape a copy of the member's Social Security card in the box. IMRF uses Social Security numbers to identify members' accounts and files. Social Security numbers are also used on IRS statements issued by IMRF.

If the name in Box 1 is not the same as shown on the Social Security card, the member should take evidence to substantiate the change of name to a local Social Security office so a new card may be issued. Once issued, please forward a copy to IMRF.

If the member does not have a copy of his/her Social Security card, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. If the member obtains a Social Security card after being enrolled, please forward a copy to IMRF.

When calling

When calling IMRF regarding enrollment, ask for the Enrollment Auditor.



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 07/06)

Please print or type — Use Black Ink.
Please do not use a highlighter anywhere on the form.

MEMBER INFORMATION (to be completed by member - please print or type)				TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE If a copy of the Social Security card is not attached, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. (Do not staple card—use tape and please stay within this border.)
1. Last Name First Middle Initial Jr., Sr., II, etc.				
2. Social Security Number _____ - ____ - ____				
3. Mailing Address _____ _____				
City State Zip + 4 County				
4. Home Telephone No. () _____		5. Birth Date: month/day/year		
6. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				7. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
8. Are you currently participating or have you previously participated in IMRF or any other Illinois Public Pension systems? <input type="checkbox"/> No <input type="checkbox"/> Yes [please check the box(es) to identify the pension system(s)] <input type="checkbox"/> IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chicago Public School Teachers' <input type="checkbox"/> Cook County Annuity & Benefit Fund <input type="checkbox"/> General Assembly Retirement System <input type="checkbox"/> Judges' Retirement System <input type="checkbox"/> Laborers' Annuity & Benefit Fund <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit <input type="checkbox"/> Metro Water Reclaim. Retirement System <input type="checkbox"/> Municipal Employees Annuity & Benefit Fund <input type="checkbox"/> Park Employees' Annuity & Benefit Fund <input type="checkbox"/> State Universities Retirement System <input type="checkbox"/> State Employees' Retirement System <input type="checkbox"/> State Teachers' Retirement System				
I certify this information is correct to the best of my knowledge and belief.				
Employee signature (write; do not print or type) X				Date

EMPLOYMENT INFORMATION - ALL FIELDS MUST BE COMPLETED (to be completed by employer — please print or type)																						
9. Employer Name			10. Employer IMRF I.D. Number																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">11. Position Information</td> <td style="width: 20%;">Date employed</td> <td style="width: 20%;">Participation date*</td> <td style="width: 30%;">Employee will participate in:</td> <td style="width: 10%; text-align: center;">(SLEP ONLY: CIRCLE ONE)</td> <td style="width: 20%;">Position Title(s)</td> </tr> <tr> <td></td> <td>mo day yr</td> <td>mo day yr</td> <td><input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)</td> <td></td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)</td> <td></td> <td>_____</td> </tr> </table>					11. Position Information	Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE)	Position Title(s)		mo day yr	mo day yr	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)				_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)		_____
11. Position Information	Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE)	Position Title(s)																	
	mo day yr	mo day yr	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)																			
	_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)		_____																	
*If date employed is earlier than participation date, explain in detail why the member was not enrolled immediately. The Illinois Pension Code does not recognize "probationary," "temporary," or "trial work period." Refer to Section 3 of the Authorized Agents Manual for details on participation requirements.																						
12. Will employee work in a seasonal position? <input type="checkbox"/> No <input type="checkbox"/> Yes OR Is employee an elected official who will be paid irregularly? <input type="checkbox"/> No <input type="checkbox"/> Yes If employee will hold a seasonal position and the seasonal employer is not a school district, park district, or recreation association, OR if employee is an elected official who will be paid irregularly, check the months the employee will not be paid: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> 13. Is employee: A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22) B. Performing police duties? <input type="checkbox"/> No <input type="checkbox"/> Yes C. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes D. Performing teacher aide duties? <input type="checkbox"/> No <input type="checkbox"/> Yes (see instructions for examples) E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21) </td> <td style="width: 50%;"> 14. Elected official or appointed to elected office? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21) 15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B) 16. For SLEP employers only: Was SLEP member appointed by: <input type="checkbox"/> Sheriff <input type="checkbox"/> Merit Commission </td> </tr> </table>					13. Is employee: A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22) B. Performing police duties? <input type="checkbox"/> No <input type="checkbox"/> Yes C. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes D. Performing teacher aide duties? <input type="checkbox"/> No <input type="checkbox"/> Yes (see instructions for examples) E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)	14. Elected official or appointed to elected office? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21) 15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B) 16. For SLEP employers only: Was SLEP member appointed by: <input type="checkbox"/> Sheriff <input type="checkbox"/> Merit Commission																
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I certify this information is correct to the best of my knowledge and belief, and that the person named above is employed in a position which qualifies him or her for membership in IMRF with the above employer.																						
Authorized Agent signature (write; do not print or type) X				Date																		



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 01/2018)

Questions? Call 1-800-ASK-IMRF (275-4673).

Who can complete this form

We can accept the **signature of the member only** on this form. If someone other than the member signs this form, including an agent under a power of attorney, **the form will not be accepted.**

If you make any corrections on this form

If you make any corrections on this beneficiary form, **you must initial the correction.** If you do not, **the form will not be accepted.**

Benefits payable upon your death

If you die while participating in IMRF, IMRF will pay your beneficiary(ies) a:

- a. Lump sum death benefit, which can be equal to one year's salary, plus a refund of the balance in your IMRF member account,
OR
- b. Monthly Surviving Spouse pension, plus \$3,000 (if eligible). [A child's pension is payable if you are participating in the Elected County Official plan, you are not married or your spouse is not eligible for a surviving spouse pension, and you have single (unmarried or not in a civil union) children under the age of 18 at the time of your death.]

How to complete this form

Primary Beneficiary(ies)

If you do not have a valid Designation of Beneficiary form on file with IMRF, your estate is automatically your beneficiary.

If you want any other arrangement, you must submit a Designation of Beneficiary form to IMRF. You can name any person, church, trust, charity or organization. If your primary beneficiaries do not survive you, IMRF will pay the benefit to your Secondary Beneficiary(ies). If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

Note of caution for married members or members in a civil union

If you want to ensure that your spouse is eligible for a Surviving Spouse pension, you must name your spouse as your **only** primary beneficiary. **If you divorce**, your former spouse is no longer your beneficiary. If you want your ex-spouse to be your beneficiary for a lump sum death benefit, you must file a new form after the date of your divorce.

If you name more than one Primary Beneficiary

The persons listed become "co-beneficiaries" and will share the lump sum death benefit according to the percentages you enter. **If you leave the percentages blank and have not checked the "Split Shares Equally" box, or if the shares do not add up to 100%, the form will not be processed.**

Secondary Beneficiary(ies)

Your Secondary Beneficiary(ies) will receive the death benefit payable by IMRF if no Primary Beneficiary survives. You can name any person, church, trust, charity or organization as your Secondary Beneficiary. You may also name more than one Secondary Beneficiary.

If you are naming someone considered a minor (either under age 18 OR age 21—read below)

You have two options to choose how benefits will be paid to a beneficiary who is considered a minor:

- Name your beneficiary on this form. In this case, if your beneficiary is 18 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 18, the benefit payment will be paid in care of his/her legal guardian.
- Name a custodian for your beneficiary on this form, under the Illinois Uniform Transfer to Minors Act (IUTMA). The custodian must be 21 years of age or older. In this case, if your beneficiary is 21 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 21, the benefit payment will be paid in care of the person you named as your beneficiary's custodian. The IUTMA option:
 - Allows you to direct the benefit payment to someone other than the minor's guardian.
 - Prevents your beneficiary from receiving a benefit payment directly until he/she is age 21.

To name an individual as a custodian under IUTMA, enter the name of the individual on this form, followed by the words "as custodian for (name of minor) under the IUTMA."

If a named beneficiary does not survive

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form. However, if you want his or her shares to be distributed to his or her heirs by bloodline (not a spouse), add "per stirpes" after the beneficiary's name.

If you are naming a trust

Please provide the number and/or date of the trust.

Signature, date and returning the completed form

You must sign, date, and file this form with IMRF. You can mail or fax the completed form to IMRF directly. The information on this form does not become effective **until your form has been received and approved by IMRF's Oak Brook or Springfield office.**

You can complete this Designation of Beneficiary form online through your Member Access account. Visit **www.imrf.org**.

How to find your IMRF Member ID

To protect your personal information, IMRF has assigned you a unique seven digit identification number for you to use in place of your Social Security Number on all forms you send to IMRF. You can find your IMRF Member ID Number in your Member Access account at www.imrf.org. Your Member ID Number is also printed on all correspondence IMRF sends you, including your annual member statement.



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 01/2018)

*Please print—use black ink***BOX 1. MEMBER INFORMATION**

Last Name	First Name	Middle Initial	Jr., Sr., II, etc.	IMRF Member ID
Street (Mailing) Address			City, State, and Zip (zip+4 if known)	
Telephone	Cell Phone		Email*	

**If you have an IMRF Member Access account, you must update your email through Member Access*

Birthdate (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Civil Union	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Gender of Spouse <input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse's Last Name	First Name	Middle Initial	Maiden (if applicable)	Marriage/Civil Union Date (MM/DD/YYYY)

Important: IMRF will NOT process this form if the total of all shares in Box 2 does not equal 100% and there is more than one primary beneficiary, or if you leave the percentages blank and have not checked the "Split Shares Equally" box. This also applies to Box 3 if you name more than one secondary beneficiary.

BOX 2. PRIMARY BENEFICIARY(IES)*(For your spouse to be eligible for a Surviving Spouse pension, he/she must be your **ONLY** primary beneficiary.)****Refer to instructions if naming a minor or a trust.***Enter the % share to each beneficiary below **OR** check the "Split Shares Equally" box.

Last Name	First Name	Middle Initial	Social Security Number (optional)	Relationship	% Share to each	OR Split Shares Equally
						<input type="checkbox"/>
TOTAL					100%	100%

BOX 3. SECONDARY BENEFICIARY(IES)*(Will receive IMRF death benefits if no **Primary Beneficiary** survives.)****Refer to instructions if naming a minor or a trust.***Enter the % share to each beneficiary below **OR** check the "Split Shares Equally" box.

Last Name	First Name	Middle Initial	Social Security Number (optional)	Relationship	% Share to each	OR Split Shares Equally
						<input type="checkbox"/>
TOTAL					100%	100%

BOX 4. Signature (WRITE, DO NOT TYPE OR PRINT) of member only.(Form **will not be accepted** if someone other than member signs form.)**X**

Date

Read the conditions on the next page. Completed form may be mailed to:

IMRF, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

Member Services Representatives: 1-800-ASK-IMRF (275-4673) FAX: 630-706-4289

Conditions of IMRF Designation of Beneficiary

This is a brief summary of your IMRF death benefit provisions.

Your rights and obligations as an IMRF member are governed by Article 7 of the Illinois Pension Code.

This designation of beneficiary form:

- Provides for payment of IMRF death benefits and revokes (cancels) any prior beneficiary designation.
- Will be effective when it has been received and approved by IMRF's Oak Brook or Springfield office.
- Is subject to Illinois law and to rules and regulations established by the IMRF Board of Trustees.

IMRF's acceptance of this form does not mean that a death benefit will be payable if your beneficiaries are not otherwise entitled to one.

Whether a benefit is payable, and the amount paid, will be determined at the time of death under applicable laws and regulations.

Who is eligible to be a beneficiary?

You may designate any person, whether or not a relative, or any church, trust, charity or organization as a Primary or Secondary beneficiary.

You may provide the address and telephone number(s) of the beneficiary(ies) you list on this form on a separate sheet of paper and attach it to the form.

You cannot name a creditor (such as a bank, credit union, or loan company) as your beneficiary as a means of providing security for a debt.

Benefits payable

- Lump sum death benefit OR
- Surviving Spouse pension
- Child's pension—Elected County Official (ECO) Plan
A child's pension is payable to each child of a deceased ECO Plan member if:
 - The member did not have a spouse eligible for a surviving spouse pension.
 - The child is under age 18 and is not married or in a civil union.

Surviving spouse pension

If you want your spouse to be eligible for a Surviving Spouse pension, you must name your spouse as your **only** Primary Beneficiary.

If your spouse is **not** your **only** Primary Beneficiary,

- The right to a Surviving Spouse pension is forfeited (lost).
- Only a **lump sum benefit is payable** (which can be equal to one year's salary, plus a refund of the balance in your IMRF member account).

In the case of the member with many years

of service credit, the forfeited Surviving Spouse pension may be of greater value than the lump sum benefit.

Naming a minor(s) as beneficiary(ies)

Death benefits payable to a minor (under the age of 18) are paid in care of the minor's guardian.

If you want someone other than the minor's guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian (who is 21 years of age or older) under the Illinois Uniform Transfers to Minors Act (IUTMA).

This is done by entering the name of the individual you wish to appoint as custodian followed by "as custodian for _____ (name of minor) under the IUTMA." In this case, your beneficiary must be 21 years of age or older to receive the benefit payment directly.

Shares to each named beneficiary

If you name more than one beneficiary and you do not check the "Split Shares Equally" box, you must write in specific shares (percentages). These shares MUST add up to 100% or the form will not be processed.

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form. However, if you want his or her shares to be distributed to his or her heirs by bloodline (not a spouse), add "per stirpes" after the beneficiary's name.

Death benefit payments

IMRF death benefits are paid to your:

- Primary Beneficiary you designated on your most recent valid designation of beneficiary form on file with IMRF.
- Estate if you have no valid designation form on file.

If no Primary Beneficiary(ies) survives, the benefit will be paid to your Secondary Beneficiary(ies).

If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

If you divorce

If you named your spouse as your primary beneficiary but you later divorce, your former spouse is no longer your beneficiary. If you want your ex-spouse to be your beneficiary for a lump sum death benefit, you must file a new form after the date of your divorce.



Maine Township High School District 207

NEW EMPLOYEE DATA SHEET

LAST FOUR DIGITS S. S. NUMBER: _____ TITLE: _____
(Mr./Ms./Miss/Mrs./Dr.)

NAME: _____

PRESENT ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTH DATE: _____ GENDER: _____

MARITAL STATUS: _____ HOME SCHOOL: _____

POSITION/DEPT.: _____

DO YOU CONSIDER YOURSELF TO BE OF HISPANIC/LATINO ETHNICITY?

(Respondents are instructed to answer either Yes or No.)

☐ No, I am not of Hispanic/Latino ethnicity

☐ Yes, I am of Hispanic/Latino ethnicity.

PLEASE INDICATE YOUR RACE REGARDLESS OF THE ETHNICITY STATUS
SELECTED ABOVE. (Respondents may choose one or more races or mark "unknown" if
electing not to report race.)

☐ American Indian or Alaska Native (Code 12)

☐ Asian (Code 13)

☐ Black or African American (Code 14)

☐ Native Hawaiian or Other Pacific Islander (Code 15)

☐ White (Code 16)

SICK DAYS REPORTED TO TRS: _____

FOR OFFICE USE ONLY

FINGERPRINTING: YES ☐ NO ☐ FINGERPRINT DATE: _____

STARTING DATE: _____

ACKNOWLEDGMENT OF RECEIPT OF DISTRICT POLICIES:

Policy 4420 - Prohibition of Employee Use of Drugs and Alcohol

Policy 3910 - Prohibition of Sexual Harassment Policy

Policy 6630 - Statutory Requirement that School Personnel Report

Suspected Cases of Child Abuse and Neglect

Policy 6510 - Use of District Technology

I, the undersigned employee of Maine Township High School District 207, hereby acknowledge my duty as an employee of the District to report any cases of suspected child abuse or neglect.

I understand that I will become a mandated reporter under the Abused and Neglected Child Reporting Act (III, Rev. Stat. 1985, Ch. 23, Pars. 2051 et seq.) This means that I am required to report or cause a report to be made to the **Child Abuse Hotline Number (1-800-25A-BUSE)** whenever I have reasonable cause to believe that a child known to me in my capacity as an employee of District 207 may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that an abused or neglected child means any student under the age of 18 who is abused by a parent, immediate family member, any person responsible for the child's welfare, including another employee of the District, or any individual residing in the same home as the child or a paramour of the child's parent.

I further understand that "abuse" includes the infliction (whether intentional or negligent) of physical injury that causes death, disfigurement, impairment of physical or emotional health, or loss of any bodily function. Abuse also is defined as creating a substantial risk of physical injury to such child or committing or allowing to be committed any sex offense against such child, committing or allowing to be committed an act or acts of torture upon such child or inflicting successive corporal punishment.

"Neglect" means abandonment or withholding or denying nourishment or medically indicated treatment including food or care or other remedial care recognized under state laws as necessary for a child's well-being or other care necessary for his or her well-being, including adequate food, clothing or shelter.

I understand that any school district personnel who report a suspected case of child abuse or neglect have complete legal immunity if the report was made in good faith. The name of the reporter is kept confidential. Also, any school district personnel who willfully fail to report a case of abuse or neglect to the DCFS are guilty of a Class A misdemeanor and subject to a \$1,000 fine or up to one year in prison, or both. Any school district personnel who knowingly transmit a false report to the DCFS are guilty of disorderly conduct and may be fined up to and including \$3,000.

I acknowledge receiving and reading District 207's policy on child abuse reporting. I further acknowledge that I have received District 207's policy on prohibition of employee use of drug and alcohol and District 207's sexual harassment policy.

Employee Signature _____

Job Title _____

Employee Name (Print) _____

Date _____

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

DRUG- AND ALCOHOL-FREE WORKPLACE; TOBACCO PROHIBITION

4420

4420 All District workplaces are drug- and alcohol-free workplaces All employees are prohibited from engaging in any of the following activities on District premises, while performing work for the District or at a school-sponsored activity:

1. Unlawful manufacture, dispensing, distribution, possession, consumption, or use of a controlled or illegal substance.
2. Dispensing, distribution, consumption, use, possession, or being under the influence of alcohol; being present on District premises or while performing work for the District when the employee's alcohol consumption is detectable, regardless of when and/or where the use occurred.
3. Possession or use of medical cannabis.

4420.1 Definitions

For purposes of this policy, a "controlled substance" means a substance that is:

- a) Not legally obtainable,
- b) Being used in a manner different than prescribed,
- c) Legally obtainable, but has not been legally obtained, or
- d) Referenced in federal or State controlled substance acts.

The term "school-sponsored activity" is defined as any school function organized by District employees at which students are present or have been invited.

4420.2 Conditions of Employment and Notice of Conviction

As a condition of employment, each employee shall:

1. Abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

Unless otherwise prohibited by this policy, prescription and over-the-counter medications are not prohibited when taken in standard dosages and/or according to the prescriptions from the employee's licensed health care provider, provided that an employee's work performance is not impaired.

4420.3 Notification To Employees

To make employees aware of dangers of drug and alcohol abuse, the Superintendent or designee shall perform each of the following:

1. Provide each employee with a copy of this policy upon hire;
2. Post notice of the policy on the District website;

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

DRUG- AND ALCOHOL-FREE WORKPLACE; TOBACCO PROHIBITION

4420

3. Include a reference to the policy in the employee handbooks;
4. Inform employees of the penalties that the District may impose upon employees for violations of this policy;
5. Make available materials from local, State, and national anti-drug and alcohol abuse organizations;
6. Implement biennial online training for employees and supervisors regarding alcohol and drug awareness.

4420.4 Tobacco Prohibition

The prohibition on the use of tobacco products applies both (1) when an employee is on school property, and (2) while an employee is performing work for the District at a school event regardless of the event's location. Tobacco and tobacco products shall have the meaning provided in section 10-20.5b of the School Code.

4420.3 District Action Upon Violation of Policy

Compliance with this policy is a condition of continued employment. Consequently, any employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the School Board may require an employee to participate in and successfully complete an appropriate alcohol or drug-abuse rehabilitation program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans With Disabilities Act, 42 U.S.C. §12114.

Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15.

Drug-Free Workplace Act of 1988, 41 U.S.C. §701 et seq.

Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.

Drug-Free Workplace Act, 30 ILCS 580/1 et seq.

Adopted: 10/1/90
Revised: 2/11/91
Revised: 6/7/11
Revised: 11/2/15

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

SEXUAL HARASSMENT

3910

3910 District employees, students and all persons present on school grounds, at school-sponsored activities or at any activity which bears a reasonable relationship to school are prohibited from sexually harassing any person on school grounds, at any school-sponsored activity or at any activity which bears a reasonable relationship to school.

3910.1 Definitions

A. With respect to employees, "sexual harassment" means:

1. sexual advances or requests for sexual favors by a student toward an employee; or
2. unwelcome sexual advances or requests for sexual favors or verbal or physical conduct of a sexual nature when:
 - a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
 - b) submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual, or
 - c) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
3. For purposes of this policy, "employee" includes all persons whose employment, or whose status as a volunteer or chaperon, requires them to be on school grounds, at any school-sponsored activity or at any activity which bears a reasonable relationship to school.

B. With respect to students, "sexual harassment" means:

1. sexual advances, requests for, or acceptance of, sexual favors by an employee or other adult engaged in school business including volunteers and chaperons and/or sexual relationships between a student and an employee or other adult engaged in school business; or
2. unwelcome sexual advances, requests for sexual favors or other sexually oriented verbal or physical conduct when:
 - a) submission to such conduct is made either explicitly or implicitly a term or condition of the receipt of educational or other school-related benefits,
 - b) submission to or rejection of such conduct by an individual is used as the basis for educational or other school-related decisions affecting that individual, or
 - c) such conduct has the purpose or affect of substantially interfering with a student's school performance or creates an intimidating, hostile or offensive working environment.

(Continued)

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

SEXUAL HARASSMENT (Continued)

3910

3. For purposes of this policy, "student" includes students of other districts who are present on school grounds, at a school-sponsored activity or at any activity which bears a reasonable relationship to school.
- 3910.1 C. Sexual harassment prohibited by this policy includes verbal or physical conduct. Examples of sexual harassment include, but are not limited to: sexual innuendo; suggestive comments; insults; threats; jokes about gender-specific traits; sexual propositions; suggestive or insulting noises; leering; whistling; obscene gestures; touching; pinching; brushing the body; or assault. The terms intimidating, hostile or offensive as used above include, but are not limited to, conduct which has the effect of humiliation, embarrassment or discomfort. Whether sexual harassment has occurred will be evaluated in light of all of the circumstances.

BOARD OF EDUCATION SEXUAL HARASSMENT REPORTING PROCEDURES

3910.2 Sexual Harassment Reporting Procedures

It is the express policy of the Board of Education to encourage victims of sexual harassment to come forward with such claims. In order to conduct an immediate investigation, any incident of sexual harassment must be reported as quickly as possible, in confidence, as follows:

A. Employees

Non-certificated employees are encouraged to report any incidents of sexual harassment to their direct supervisor. Certificated employees are encouraged to report any incidents of sexual harassment to the building principal. If the person to whom an employee is direct to report is the offending person, the report should be made to the next higher level of administration or supervision.

B. Students

Students are encouraged to report any incidents of sexual harassment to a social worker or the building principal. If the complaint involves the building principal, the report should be made to the superintendent.

C. Third Persons

For purposes of this procedure, third persons are any persons, other than District employees and students, on school grounds, at any school-sponsored activities or at any activity which bears a reasonable relationship to school. Third persons are encouraged to report any incidents of sexual harassment to the building principal. If the building principal is the offending person, the report should be made to the superintendent.

D. Confidentiality

Reasonable effort will be made to promptly investigate any allegation of sexual harassment in a confidential manner, to the extent appropriate or required by law. The superintendent shall be informed by the supervisor, social worker, or principal of every reported incident of sexual harassment.

(Continued)

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

BOARD OF EDUCATION SEXUAL HARASSMENT REPORTING PROCEDURES

3910.3 Investigation and Corrective Action

A. Investigation

The principal, or the superintendent if the principal is the alleged offending person, will appoint one or more persons to promptly investigate the charge. Within ten (10) school days from the date the complaint was received, the investigator(s) will produce a report to the principal, or the superintendent if the principal is the alleged offending person, which will include at a minimum the following:

1. the date the complaint was received;
2. the complainant's name;
3. the name of each alleged harasser and a description of all conduct that gave rise to the complaint (written, signed statements by complainants describing relevant events should be obtained whenever possible);
4. a statement detailing the scope of the investigation undertaken, including the names of all witnesses interviewed and the results of the interviews; and
5. a statement of corrective measures recommended, if requested by the principal or superintendent

Within five (5) school days after the investigation is completed, the principal, or the superintendent if the principal is the alleged offending person, will evaluate the report of the investigator(s) to determine the validity of the complaint.

B. Corrective Action

Any District employee who is determined, after an investigation, to have engaged in sexual harassment in violation of this policy will be subject to disciplinary action up to and including discharge. Any student of the District who is determined, after an investigation, to have engaged in sexual harassment in violation of this policy will be subject to disciplinary action, including, but not limited to, suspension and expulsion consistent with the District's discipline policy. Any third person who is determined, after an investigation, to have engaged in sexual harassment in violation of this policy will be subject to restriction from participation in activities on school grounds, at school-sponsored activities or at any activity which bears a reasonable relationship to school. Referral to the Department of Children and Family Services and/or appropriate law enforcement agencies will be made in appropriate cases. Any person who knowingly makes a false accusation regarding sexual harassment will likewise be subject to 1.) disciplinary action up to and including discharge with regard to employees, 2.) suspension and expulsion, with regard to students 3.) restricted participation in activities, with regard to third persons.

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

BOARD OF EDUCATION SEXUAL HARASSMENT REPORTING PROCEDURE

3910.4 Retaliation

The School District prohibits retaliation against a person because the person has opposed that which he or she believes in good faith to be sexual harassment or because he or she, in good faith, has made a charge, filed a complaint, testified, assisted or participated in an investigation, proceeding or hearing regarding sexual harassment. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment. A person engaging in retaliatory conduct shall be subject to 1.) disciplinary action up to and including discharge, with regard to employees 2.) suspension and expulsion, with regard to students, or 3.) restricted form participation in activities, with regard to third persons.

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CHILD ABUSE REPORTING AND INTERVIEWS

6630

6630 all staff members in their capacity as District employees, having reasonable cause to believe a child known to them may be or has been an abused or neglected child, shall immediately report or cause a report to be made to the Department of Children and Family Services.

Legal Reference: Section 4
 Ill. Rev. Stat. 1985 Chapter 23
 P.L. 81-1077
 The Abused and Neglected
 Child Reporting Act

Adopted: 7/11/88
Revised: 2/11/91

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CHILD ABUSE REPORTING AND INTERVIEWS

6630

6630 The procedures for reporting and dealing with cases of suspected child abuse or child neglect are as follows:

6630.1 Definition of Abused or Neglected Child

An abused or neglected child means a child under the age of 18 whose physical or mental health or welfare is harmed or threatened with harm by acts or omissions by his/her parent(s), legal guardian(s) or other person(s) responsible for his/her welfare.

Students who are over eighteen (18) years of age and are suspected of being abused shall be counseled and encouraged to seek assistance from local law enforcement agencies and/or the courts.

6630.2 Persons Required to Report

Any employee of the district -- including teachers, counselors, social workers, psychologists, nurses, administrators and support staff -- who has reasonable cause to believe that a child may be or has been an abused or neglected child shall immediately report the suspected case of child abuse or neglect to the building Principal or designee. The Principal may not exercise any discretionary authority over whether or not a report is to be filed with the Department of Children and Family Services.

6630.3 Person or Place of Filing Report

All reports of suspected child abuse or neglect shall be made immediately by telephone to the central register established by the Department of Children and Family Services (DCFS) on their statewide toll-free telephone number, or by telephone to the nearest DCFS office. The Principal or designee shall be responsible for filing written reports as required by the Department of Children and Family Services. The report shall be confirmed in writing to the Principal of the school. Such reports to DCFS must be filed within 48 hours of the occurrence.

If a report of suspected child abuse or neglect is made by an employee of the school District, the Principal or designee shall notify the parent(s) or legal guardian(s) of the child that such a report has occurred unless the Principal deems it to be in the child's best interest not to notify the parents.

(continue)

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CHILD ABUSE REPORTING AND INTERVIEWS (continued)

6630

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6630.4 Interviews of Children Who Have Been the Subject of Reports

1. Emergencies

If a student is the subject of a report of suspected child abuse or neglect and the STUDENT'S CONDITION IS LIFE THREATENING, an immediate report shall be made to the Department of children and Family Services simultaneously with the local law enforcement agency. When the report is made, the person originating the report and the building Principal or designee shall request that DCFS or the local law enforcement agency take temporary protective custody of that child without the consent of the person responsible for the child's welfare.

2. Non-emergency Conditions

a. When any report has been made concerning a student of the district, student interviews will not be allowed by a representative of DCFS or of a local law enforcement agency until a reasonable effort has been made to notify the parent(s) or legal guardian(s). A written record shall be made of the time and manner of notification, or attempted notification. If a reasonable effort has been made to contact the parent(s) or legal guardian(s) and they are unavailable, the interviewer may proceed with the investigation.

b. If the parent(s) or legal guardian(s) object(s) to the interview of the child by a representative of DCFS, the interviewer shall be informed of the objection and advised that no further interviews may occur on school premises unless or until DCFS has taken temporary custody of the child. The Department of Children and Family Services' case worker MUST SIGN A WRITTEN STATEMENT ASSUMING CUSTODY.

(continue)

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CHILD ABUSE REPORTING AND INTERVIEWS (continued)

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6630.4 Interviews of Children Who Have Been the Subject of Reports (continued)

2. Non-emergency Conditions (continued)

- c. If a child who is the subject of a report objects to an inspection of his/her body in connection with a report of child abuse or neglect, the person attempting to make the investigation shall be informed that DCFS must take temporary custody of the child for purposes of completing the investigation.
- d. If neither the parent(s) or legal guardian(s) nor the child object(s) to the interview and investigation, including a physical inspection of the child, a staff member of the same sex as the child MUST BE PRESENT at all times during the interview IF THE PARENT(S) OR LEGAL GUARDIAN(S) IS (ARE) NOT PRESENT.

6630.5 Confidentiality

All reports concerning cases of suspected child abuse or neglect must be confidential. No such report shall be included in the child's student record, nor shall any employee or agent of the District disclose any information concerning reports of suspected child abuse or neglect to any person other than an authorized representative of the Department of Children and Family Services or the local law enforcement agency.

6630.6 Immunity from Liability

Any person participating in good faith in the making of a report or in the investigation of such a report shall have immunity from any liability --civil, criminal or that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to report cases of suspected child abuse or neglect shall be presumed.

(continue)

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

CHILD ABUSE REPORTING AND INTERVIEWS (continued)

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6630.7 Testimony by a Person Making a Report

Any person who makes a report or who investigates a report under the Abused and Neglected Child Reporting Act must, if requested, testify fully at any judicial proceeding resulting from the report as to any evidence of abuse or neglect or the cause thereof.

6630.8 Sanctions

Any certified employee who willfully fails to report an incidence of suspected child abuse or neglect as required by the Abused and Neglected child Reporting Act may be subject to revocation or suspension of his or her certificate.

Legal Reference: Section 4
 Ill. Rev. Stat. 1985 Chapter 23
 P.L. 81-1077
 The Abused and Neglected
 Child Reporting Act

PROCEDURES

Approved: 7/11/88
Revised: 8/7/89
Revised: 2/11/91

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY

6510

6510.1 Introduction

The primary purpose of the District 207 electronic communications network (D207net) and technologies which attach to it is to support and enhance learning and teaching that prepares students for success in an information society. These technologies include all computer hardware, software, and network infrastructure owned or operated by District 207 including its internal network, portals, and/or online resources. Use of the system is defined as obtaining access to any D207 technology, software, or services regardless of the technical device, and regardless of whether or not the device is owned or operated by the district. Students, staff, and guests in District 207 who are provided with access to networks (including the Internet), D207net, and other technologies by the District shall be governed by the following policy.

The Internet is a network of networks connecting millions of computer users all over the world. This network enables worldwide connection to e-mail, discussion groups, databases, software, file storage and other information resources, such as libraries and museums. District 207 may provide network access to promote educational excellence in District 207 schools by facilitating resource sharing, innovation, and communication. District 207 firmly believes that the valuable information and interaction available on networks far outweigh the possibility that users may procure material that is not consistent with the educational goals of District 207. The use of D207net is a privilege, not a right, which may be revoked at any time for inappropriate behavior.

Users have no expectation of privacy in their use of D207net. D207 has the right to access, review, copy, delete, or disclose, as allowed by law, any digitally recorded information stored in, or passed through D207net, regardless of the initial intentions of the user. D207 has the right and responsibility to monitor the use of D207net by its users including tracking of internet, network, hardware, and software use. Employees should be aware that any digitally recorded information, even that of personal nature, can be subject to disclosure under the *Illinois Freedom of Information Act*. Users assume responsibility for understanding the policy and guidelines as a condition of using the network. Staff members are accountable to teach and use the network responsibly. Use of the network that is inconsistent with this policy may result in loss of access as well as other disciplinary or legal action. Any use of D207net during or after the school day by any student, staff member, or guest that disrupts educational process or goals of the institution is prohibited.

6510.2 Philosophy

1. Risk:

It is impossible to control all materials on the network. Sites accessible via D207net, particularly networks not under District control, might contain material that is illegal, defamatory, obscene, inaccurate or controversial. With global access to computers and people, there is a risk that students may access material that might not be considered to be of educational value in the context of the school setting. No technology is guaranteed to be 100% error free or dependable. The District makes no warranties of any kind for the service it is providing. The District is not liable or responsible for: 1) any information that may be lost, damaged or unavailable due to technical or

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

other difficulties; 2) the accuracy or suitability of any information that is retrieved through technology; 3) breaches of confidentiality; or 4) defamatory material.

2. Users responsible:

Students and staff should use District technology in a responsible, efficient, ethical, and legal manner in accordance with the District 207 mission. Network users, like traditional library users, are responsible for their actions in accessing available resources. The user is responsible for making sure any information received does not contain pornographic or indecent material, inappropriate information, inappropriate language, or files that are potentially dangerous to the integrity of the hardware/software on school premises. The user is not permitted to install any software that may be used to circumvent network or computer security or to violate any of these policies or break any law.

6510.3 Acceptable use:

All users of the D207net must comply with the District's Acceptable Use Policy (AUP), as amended periodically.

D207net access may be used to improve learning and teaching consistent with the educational mission of District 207. District 207 expects legal, ethical, and efficient use of the network. These policies apply equally to District technology including but not limited to: network services, hardware, software, and other related services currently deployed or to be deployed in the future.

1. Access:

District 207 may issue network accounts to provide access to network resources. The use of the D207net is a part of the curriculum and not a public forum for general use. Incidental personal use of District 207 technologies should be minimized.

2. Privilege:

Use of a personal D207net account, once issued, is a privilege, not a right.

3. Subject to System Administration:

All D207net account usage is subject to examination or investigation as needed without prior notification or consent of the user. All users of the D207net should recognize that mail use, storage capacity or evening/night/weekend access might be limited for technical reasons. Network administrators may review files and communications to maintain system integrity and to ensure that users including students and staff members are using the system responsibly. Users should not expect that e-mail or files stored on District servers will be private. Employees should be aware that any digitally recorded information, even that of a personal nature, and/or documented use of D207net may be inspected and could be subject to public disclosure under the *Illinois Freedom of Information Act*. All users of D207net are guaranteed no level of privacy for any digital information stored or passed through D207net. The content of any digitally recorded information might be cause for disciplinary proceedings.

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

4. Retention Policy:

The District may retain all digital information, including all e-mail correspondence, indefinitely. This does not guarantee the storage or integrity of all digitally recorded information.

6510.4 Inappropriate Use:

Inappropriate use includes, but is not limited to, those uses that violate the law, are inconsistent with District 207's educational mission, disrupt the educational process, interfere with an employee's performance or work responsibility, that are not in accord with this policy, or that hamper the integrity or security of D207net or any external networks to which D207net are

connected. No type of computing device can be used by anyone, including students, staff, or guests, in any manner that disrupts the educational environment or violates the rights of others, including using the device to take photographs in locker rooms or bathrooms, cheat, unlawful purposes, bully, harass, or otherwise violate staff or student conduct rules. Prohibited conduct also specifically includes, without limitation, creating, sending, sharing, viewing, receiving, or possessing an indecent visual depiction of oneself or another person through the use of an electronic computing device, mobile or otherwise. Any use of a mobile computing device on school grounds, during or after the school day by any student, staff member, or guest that disrupts educational process, goals of the institution, or violates the acceptable use policy is prohibited.

The use of personal electronic devices that attach to the District's secure network is only permitted in the following instances:

The Technology Department must pre-approve any device before an attempt is made to attach it to the network. Approval will be based on the following requirements:

- . Is the device needed for an educational purpose that cannot be provided with District equipment?
- . Can the device be properly inspected by technology for worms/viruses, hacker software and software or files that in any way violate federal or state law or other provisions of these policies.

The device must be provided to the Technology Department at least one week prior to the planned use so that it can be evaluated. Users cannot attach certain classes of devices by their nature to the network. These include switches, hubs, routers and wireless access points. This regulation applies to any device that connects to the network, including but not limited to cellular telephone, video recording device, personal digital assistant (PDA), electronic paging device, portable gaming system, digital audio or video system, cellular phone, or any other tethered or mobile electronic computing device.

The use of any electronic device to record and/or transmit audio and/or images will not be allowed unless it is part of the curriculum supervised by a teacher or otherwise approved by the Administration. Other devices that do not require a network connection may be governed in other District policies. These include but are not limited to: cell phones, IM (Instant Messaging) devices, text messaging devices, and calculators with advanced communications functions. In addition, any

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

devices for taking pictures and videos or recording audio whether it be stand alone, on a phone, mobile computing device, or wireless, all require advanced approval before they can be used.

Users of D207net may record after school as long as they are following this and other District policies with regard to permissions from their students, and if necessary the student's family, they do not need to have approval to record images, video or sound.

1. Commercial Use:

Use for non-school sponsored private or commercial, income-generating, financial gain or "for-profit" activities or product advertisement or solicitation purposes or fraud is prohibited.

2. Harassment:

Harassment, threatening, intimidating, bullying, or demeaning an individual, or group of individuals because of sex, color, race, religion, disability, national origin, or sexual orientation is prohibited.

3. Profanity or Obscenity:

Users are not allowed to access, retrieve, or view obscene, profane, or indecent materials. "Indecent Materials" are those materials which, in context depict, or describe sexual activities or organs in terms patently offensive, as measured by contemporary community standards. "Obscene materials" are those materials which, taken as a whole, appeal to the prurient interest in sex, which portray sexual conduct in a patently offensive way in which, taken as a whole, do not have any serious literary, artistic, political, or scientific value. Use of profanity or obscenity is prohibited, and all users shall use language appropriate for school situations.

4. Offensive or Inflammatory Speech:

Users must respect the rights of others, both in the local community and the network at large. Sharing personal information or personal attacks are an unacceptable use of D207net. If a user is the victim of an inappropriate communication, the incident shall be brought to the attention of a teacher or system administrator.

5. Vandalism/Mischief:

Vandalism and mischief are prohibited. Vandalism is defined to include any attempt to harm or destroy data of another user, on the network or on any networks that are connected to D207net or physical damage to District technology. This includes, but is not limited to, the deliberate creation and/or propagation of computer viruses. Mischief includes interference with the work of other users and is prohibited. Any action that disrupts or interferes with the ability of the D207net to carry out its intended function may be considered mischief.

6. User ID violations:

Once an account is issued to a user, that user is responsible for all actions taken while using that account. Sharing an account with another person, or disclosing another individual's password, is prohibited. Concealing or misrepresenting one's identity while using D207net is

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

prohibited. Every user is responsible for all inappropriate uses of the user's account by any other person. All users must exercise extreme caution with their passwords. Passwords must be secure (at least seven characters, one character that is not a letter or number, no simple words or names, nothing easily guessed). Passwords that use two words separated by a non-alphanumeric character are good i.e. cub\$anto. Logging on, or attempting to log on, in the name or account of another person or entity is prohibited. If a user suspects that any account on the D207net has been compromised it is their responsibility to immediately contact the network manager.

7. Electronic Mail Violations:

Forgery of electronic mail messages is prohibited. Reading, deleting, copying, or modifying the electronic mail of other users is prohibited. Sending E-mail that is unsolicited junk, rumor, harassment, obscene, or chain letters is prohibited. E-mail that is used to promote a cause for profit or charity must be approved by a building or district administrator. The use of mass

mailing should be minimized, and approval for mass messages may be required by a building or district administrator.

8. File/Data Violations:

Users are not allowed to access, retrieve, view, or disseminate any material in violation of any federal or state laws or regulation or District 207 policy or rules. This includes, but is not limited to: improper use of copyrighted material; improper use of files or information on D207net to commit fraud, or with the intent to commit fraud; improper use of passwords or access codes; or disclosing the full name, home address, or phone number of any district employee, student, or user. All users of D207net are responsible for protecting personal records held in an electronic format. All users of D207net are not allowed to download, copy, print or otherwise store or possess any data which violates federal or state copyright laws or these guidelines.

9. Non-Academic Use:

District technology is a valuable, scarce resource. It is not to be used for non-academic purposes such as game playing unless approved by the Superintendent or the Superintendent's designee. Unauthorized intentional downloads to a single computer, network drive or external media of movies or video files; MP3s; shareware; freeware; pirated software; or other .exe or application files (unless a part of the curriculum) are not allowed. It is not to be used to access pornography or obscene materials under any conditions, nor can it be used to forward chain letters.

10. System Interference/Alteration:

Attempts to exceed, evade or change resource quotas that may be established are prohibited. Quotas are limits on local hard drive storage space or network time or storage space which are designed to allow all users an equitable opportunity to access

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

resources. Causing network congestion through mass consumption of system resources is prohibited. Any attempt to circumvent security on desktop machines or mobile computing devices is prohibited. Transfer of software to or from D207net is not allowed without authorization by the Chief Technology Officer or designee.

11. Electronic Communication:

Any use as a forum for communicating by e-mail or other medium with other school users or outside parties to solicit, proselytize, advocate, advertise, or communicate the views of an individual or non-school sponsored organization; to solicit membership in or support of any non-school sponsored organization; or to raise funds for any non-school sponsored purpose, whether profit or non-profit are all prohibited uses of D207 net. No employee shall knowingly provide school e-mail addresses to outside parties whose intent is to communicate with school employees, students, and/or their families for non-school purposes. Any communication that represents personal views as those of the school system or any school unit or that could be misinterpreted as such is not allowed. Employees who are uncertain as to whether particular activities are acceptable should seek further guidance from their immediate supervisor;

12. Software Licensing:

The district must own and maintain a license, or have on record evidence of acceptable use, for any software installed on a school owned computer. Users of district owned computing devices may not install any software, licensed or otherwise, without permission from the Chief Technology Officer or designee.

13: Websites and Social Networks:

Users of D207net also agree to follow the Website guidelines outlined in Maine Township High School District 207 Board Policy 6511 regarding websites and social networks.

14. Educational Process:

Any action that takes place on D207net or external networks that may disrupt the educational process, including use that is reasonably foreseeable to result in disruption, or interfere with the rights of others at any time, either during the school days or after school hours, is prohibited.

6510.5 Violation of Law:

Transmission of any material in violation of any international, U.S., or state law is prohibited. This includes, but is not limited to: copyrighted material; music; software; threatening, harassing or obscene material; or material protected by trade secret. Any attempt to break the law while using District 207 facilities may result in prosecution or litigation against the offender. If such an event should occur, District 207 will fully cooperate to the extent permitted by law with the authorities to provide any information necessary in connection with prosecution.

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

USE OF DISTRICT TECHNOLOGY (continued)

6510

6510.6 Consequences of Policy Violation:

A user's network access privileges may be interrupted or terminated for any violation or attempted violation of this policy.

A user's network privileges may be interrupted or suspended by a technology department staff member, administrator, or the Chief Technology Officer while a suspected violation is being investigated and while determination of any appropriate discipline is in progress. During such an investigation and determination, alternative opportunities for the user to complete assignments will

be made available where appropriate and reasonably possible. Before suspension or termination of network privileges, the user will be advised of the suspected violation and given an opportunity to respond as part of the discipline procedures (which are part of Board Policy and are contained in the Discipline Procedures booklet).

Violators will also be subject to disciplinary measures, such as suspension from school or expulsion for students or appropriate penalties for staff in accordance with the Discipline Procedures, Collective Bargaining Agreement between the Board of Education and the Maine Teachers' Association, or staff handbooks. Guests that violate the acceptable use policy may be barred from using D207net or from being present on school grounds.

6510.7 Security:

When using any part of D207net a user agrees to maintain security and to the District enforcing security in the following ways:

High Priority:

Security on any computer system is a high priority, especially when the system involves many users, provides access to personal data, or can be used to view, edit, or delete student records.

Reporting Security Problems:

If a user identifies a security problem on the network it is expected that he or she will notify the District Director of Technology or a designee. The user must not share the security problem with other users.

User Responsibilities:

The user is accountable for reasonably responsible behavior to ensure security. The user must follow network guidelines in the selection of an appropriate password. The user must protect the confidentiality of their password.

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

WEBSITE POLICY (continue)

6510

D207net Net Filtering and Monitoring

District 207 has the right to filter any content from D207net that is deemed inappropriate by the administration. District 207 may monitor any D207net users, and the information gathered may become public under the *Illinois Freedom of Information Act*.

Security Risks Denied Access:

Any user identified as a security risk or having a history of violations with other computer systems may be denied access to D207 net through District 207 facilities. It is the intent of District 207 to prohibit access to such persons.

6510.8 Disclaimer:

District 207 makes no warranties of any kind, whether expressed or implied, for the network facilities it is providing. District 207 will not be responsible for any damages suffered by users. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. District 207 is not responsible for phone/credit card bills or any other charges incurred by users. Use of any information obtained via the network is at the user's risk. District 207 specifically denies any responsibility for the accuracy or quality of information obtained through its network facilities. The district is not responsible for any user's intentional or unintentional access of material through D207net which may be obscene, indecent, or of an appropriate nature.

Adopted: 5/2/2011

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

ANTI-NEPOTISM

1030

- 1030 The District strives to hire the most qualified personnel consistent with budget and staffing requirements and in compliance with Board of Education policy on equal employment opportunity and minority recruitment. The intent of this policy is to limit any negative effects of nepotism.

The Assistant Superintendent of General Administration shall review all District hires below the level of Building Assistant Principal, including all certified staff, and shall make hiring recommendations to the Superintendent and Board, and shall endeavor to insure compliance with the District's hiring policies, subject to final approval of hiring by the Board. The District generally shall not hire family members of any person employed by the District, unless there are exigent circumstances. Subject to the preceding sentence, two or more members of a family or relatives may be employed by the District in exigent circumstances and in the event of marriage of two District employees. However, good order, efficiency, fairness, and the appearance of fairness must be maintained and all substantive or apparent conflict of interest must be avoided. In order to avoid such conflicts, no person shall be placed or serve in a certificated or support position where a family member or relative has authority to supervise, appoint, terminate, discipline, evaluate or audit the work of such person, or to recommend such actions. For the purposes of this policy, family members are defined as mother, father, son, daughter, brother, sister, step-parent, child or sibling, wife, husband legal guardian, domestic partner and any person residing in the employee's household. Relatives include mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, uncle, aunt, grandparent, and grandchild.

This policy shall not apply to substitute assignments or assignments to volunteer, committees, task forces, or other assignments not directly related to the employee's regular work. This will not apply to the right of an employee's family or relatives to become a duly elected Board member, to the extent state law permits.

The Board has sole discretion to determine if exigent circumstances exist and retains right to make exceptions and waive this policy in particular situations.

Adopted: 3/4/13

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207
ANTI-NEPOTISM POLICY #1030

The District generally shall not hire family members of any person employed by the District, unless there are exigent circumstances. Subject to the preceding sentence, two or more members of a family or relatives may be employed by the District in exigent circumstances and in the event of marriage of two District employees. However, good order, efficiency, fairness, and the appearance of fairness must be maintained and all substantive or apparent conflict of interest must be avoided. In order to avoid such conflicts, no person shall be placed or serve in a certificated or support position where a family member or relative has authority to supervise, appoint, terminate, discipline, evaluate or audit the work of such person, or to recommend such actions.

For the purposes of this policy, family members are defined as mother, father, son, daughter, brother, sister, step-parent, child or sibling, wife, husband legal guardian, domestic partner and any person residing in the employee's household. Relatives include mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, uncle, aunt, grandparent, and grandchild.

This policy shall not apply to substitute assignments or assignments to volunteer, committees, task forces, or other assignments not directly related to the employee's regular work. This will not apply to the right of an employee's family or relatives to become a duly elected Board member, to the extent state law permits.

The Board has sole discretion to determine if exigent circumstances exist and retains right to make exceptions and waive this policy in particular situations.

I have read the above policy and attest that I am not related to a current Maine Township High School District 207 employee, as defined in the policy. I understand that providing false or inaccurate information in an attempt to secure employment in the school district would be considered grounds for my immediate dismissal as employee in District 207.

First and Last Name of Applicant

Signature

Date



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 8/2013



MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207

Support Staff Handbook - Acknowledgement of Receipt

Employee Name: _____ Date of Hire: _____
(please print)

Building/School: _____ Position: _____

Maine Township High School District 207 personnel policies are designed to establish conditions that will attract and retain the best qualified personnel who will not only fulfill the requirements of their positions, but also devote themselves to the education and welfare of Maine's students. This document is intended to be descriptive only. **Nothing in the employee handbook is intended to or shall create any contractual obligations of any kind.** The handbook may be modified or discontinued at any time by the School District. The Board of Education reserves the right to establish policy and procedure for all employees in accord with *The School Code of Illinois*. It is the policy of the Board of Education that its employees be appointed, retained, and promoted on the basis of effectiveness, efficiency, fitness for duty, and merit. Each employee is expected to give full and faithful service.

As a matter of policy, employment and personnel practices, services, programs, and activities, shall be administered without regard to a person's race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, handicap, disability, unfavorable discharge from military service, or any other unlawful basis of discrimination, as defined and protected by the Illinois Human Rights Act and all other applicable state and federal laws. The School District also strictly prohibits sexual harassment of all employees.

The continuation of employment is based on satisfactory or higher performance, acceptable behavior, allotment of a position, and the appropriation of sufficient funds to support the position. The Board does not retain employees who must be motivated by administrative or other external pressures to fulfill the requirements of their positions.

I hereby acknowledge that I have been advised to read, understand and comply with the policies and procedures that comprise the employee handbook.

The Support Staff Handbook is available online at:

<https://maine207.org/wp-content/uploads/2019/07/2019-2020-Support-Staff-Handbook.pdf>

Signature: _____ Date: _____

physicians

immediate care™

MEDICAL AUTHORIZATION

Patient's Name: _____ Today's Date: ____/____/____

Employer Name: MAINE TOWNSHIP HS DISTRICT 207 Phone: (847) 696-3600

Authorized By: Greg E Dietz (Print Name) Authorization Expires: ____/____/____

WORK-RELATED INJURY

☐ Work injury treatment ☐ Consult to determine compensability Body part: _____
(Evaluation for cause of injury)

EVALUATIONS & PHYSICALS

☒ Pre-Placement / Post-Offer:
☐ Office
☐ Factory
☒ Other: MAINE TOWNSHIP HS DISTRICT 207
☐ Annual / Periodic Exam
☐ Respirator Clearance Exam
☐ Fit Testing
☐ Fitness for Duty Evaluation
☐ Annual School Bus Driver
☐ DOT Exam: ☐ New Certification ☐ Recertification
☐ Other: _____
(Please complete if item is not listed)

DRUG & ALCOHOL SCREENING

Non-NIDA* / Non-Department of Transportation

Drug:
☒ Pre-Employment
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Hair Follicle Drug
☐ Rapid
☒ Other: non-nida 10

Alcohol
☐ Evidential Breath Test (EBT)
☐ Breathalyzer

NIDA* / Department of Transportation

Drug
☐ Pre-Employment
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Other: _____

Alcohol
Evidential Breath Test (EBT)
☐ Random
☐ Follow-up
☐ Reasonable Suspicion
☐ Return to Duty
☐ Post-Accident
☐ Other: _____

OTHER SERVICES

☐ Audiogram
☐ Tuberculosis (TB) Test
☐ Hepatitis B Vaccine
☐ Other: _____
☐ Other: _____
☐ Other: _____

Locations listed on back.

For more information, visit us at:
visitphysicians.com

1. Aurora **PT**

Affiliated with Presence Health
2853 Kirk Road
P: 630.423.3030 | F: 630.800.1201
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

3. Bolingbrook **PT**

391 S. Bolingbrook Drive
P: 630.226.1006 | F: 630.226.9003
Mon-Fri: 7:30 a.m.-10:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

5. Chicago - Bucktown

Affiliated with Presence Health
1702 N. Milwaukee Avenue
P: 773.770.4056 | F: 773.227.7219
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.



2. Belvidere **PT**

1663 Belvidere Road
P: 815.544.0040 | F: 815.544.0048
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

4. Bradley/Kankakee

Affiliated with Presence Health
350 N. Kinzie Avenue
P: 815.348.9320 | F: 815.932.1353
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

6. Chicago - Edgewater

6140 N. Broadway
P: 773.435.9028 | F: 773.564.9206
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

7. Chicago - Lincoln/Peterson

5961 N. Lincoln Avenue
P: 312.702.3923 | F: 773.942.6036
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

8. Chicago - Six Corners **PT**

4211 N. Cicero Avenue
P: 773.794.1000 | F: 773.794.9986
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

9. Chicago - South Loop

811 S. State Street
P: 312.566.9510 | F: 312.566.9511
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

10. Chicago - West Loop

600 W. Adams Street
P: 312.506.0900 | F: 312.876.0939
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

11. DeKalb/Sycamore **PT**

2496 DeKalb Avenue
P: 815.754.1122 | F: 815.787.3678
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

12. Dixon

Affiliated with KSB
1672 South Galena Avenue
P: 815.564.2663 | F: 815.677.9899
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

13. Elgin **PT**

Affiliated with Presence Health
2490 Bushwood Drive
P: 224.293.5200 | F: 847.428.2432
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

14. Frankfort

21035 La Grange Road
P: 815.534.1026 | F: 815.534.4042
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

15. Glendale Heights

335 E. Army Trail Road
P: 630.735.1400 | F: 847.285.1635
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

16. Hanover Park

7425 Barrington Road
P: 630.823.0392 | F: 630.855.6349
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

17. Joliet - Houbolt **PT**

1360 Houbolt Road
P: 815.823.8800 | F: 815.729.2178
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

18. Joliet - Larkin

800 Larkin Avenue
P: 815.741.4300 | F: 815.725.0600
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

19. Loves Park **PT**

1000 E. Riverside Boulevard
P: 815.633.4300 | F: 815.633.2961
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

20. Machesney Park

11475 N. 2nd Street
P: 815.654.8000 | F: 815.654.9433
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

21. New Lenox

Affiliated with Presence Health
621 E. Lincoln Highway
P: 815.907.5955 | F: 815.462.3725
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

22. Niles

Affiliated with Presence Health
8630 W. Golf Road
P: 847.299.0009 | F: 847.299.0006
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

23. Norridge

Affiliated with Presence Health
4900 N. Cumberland Avenue
P: 708.456.1600 | F: 708.456.2809
Mon-Fri: 7:30 a.m.-10:00 p.m.
Sat: 8 am-8 pm | Sun: 8 am-4 pm

24. Orland Park

9570 W. 159th Street
P: 708.675.7070 | F: 708.675.7074
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

25. Oswego

2322 US Highway 34
P: 630.383.7042 | F: 630.554.8099
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

26. Park Ridge

Affiliated with Presence Health
123 S Northwest Highway
P: 224.585.7000 | F: 224.585.7000
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m. **NEW**

27. Plainfield - North

Affiliated with Presence Health
13641 S. Route 59
P: 815.556.2942 | F: 815.733.6222
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

28. Plainfield - South

Affiliated with Presence Health
16615 S. Route 59
P: 815.609.5501 | F: 815.609.6522
Mon-Fri: 8:00 a.m.-8:00 p.m.
Sat-Sun: 8:00 a.m.-4:00 p.m.

29. Rockford - East State

6595 E. State Street
P: 815.226.1300 | F: 815.226.1301
Mon-Fri: 7:30 a.m.-10:00 p.m.
Sat-Sun: 7:30 a.m.-8:00 p.m.

30. Rockford - S. Alpine **PT**

3475 S. Alpine Road
P: 815.874.8000 | F: 815.874.7525
Mon-Fri: 7:30 a.m.-8:00 p.m.
Sat-Sun: 7:30 a.m.-4:00 p.m.

PT = Physical therapy.
Call for hours and address.

Affiliations

Presence
Health

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